



Check One : ☐ New applicant ☐ Current program

## **Letter of Intent to Apply for AmeriCorps\* State Funding through the Montana Commission on Community Service**

**Due to OCS on October 16, 2009**

**Name of Program:**

**Website:**

**Address:**

**Phone:**

**Email:**

**Contact Name and Title:**

**Priority Area:**

**Approximate number of AmeriCorps members or Member Service Year (MSY) request amount:**

**Geographic Service Area:**

**Please e-mail this form to Danielle Shyne at [dshyne@mt.gov](mailto:dshyne@mt.gov) or fax to (406) 444-4418 by October 16, 2009. If you have any questions or would like further information, please contact Tony Dean or Danielle Shyne at 406-444-9077.**

***Thank you for your interest and we look forward to reviewing your proposal!***